## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # F9500001205

1. Corporation Name

MASCI CONSTRUCTION INC.

FILED Apr 21, 1999 8:00 am Secretary of State 04-21-1999 90216 047 \*\*\*150.00

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Principal Place of Business   Mailing Address   SUTE 88 SUTE 80 SUTE 81 SUTE 80 SUTE 81 SUTE 82 SUTE 84 FEE Number   Applied For Not Applicable   Sute Apt #, etc.						· <del>····</del>	
SUFFER BY SUFFER	Principal Place of Business Mailing Address						
MARCH CANK FL 23127   Substance   Substa	5752 S RIDGEWOOD AVE 5752 S RIDGEWOOD AVE						
Same		FL 32127	••••			DO NOT WRITE IN THIS SPACE	
2. Principal Place of Business	US						
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Sulfe, Apt. #, etc.    21	F			<del></del>		T	
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City & State    City & State	L		<del></del>	—		LE Cortificate of Status Desired	
Zig   Country   Zig   Country   Zig   Country   Zig   Country   S. This corporation owers the current year interruptible   Personal Property Asc.     Yes   Mo							
25	City & State		City & State	City & State			
Zip	23					Trust Fund Contribution Added to Fees	
## STREET ADDRESS    Aman and Address of Current Registered Agent   10, Name and Address of New Registered Agent   10, Name and Address of New Registered Agent   11, Name   12, Name and Address of New Registered Agent   12, Name   13, Name   14, Name   14, Name   14, Name   15, Name		Country	Zip C	ountry			
MASCI, LEONEL A 5752 S RIDGEWOOD AVE SUITE B3 HARBOR OAKS FL 32127  11. Pursuant to the provisions of Sactions 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I horoby accept the appointment as registered agent, and accept the obligations of, Section 507 0502, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and familiar with, and accept the obligations of, Section 507 0509, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and accept the obligations of, Section 507 0509, Florida Statutes, Statute	24	25	29 30			Toronal Topolty Tax	
MASCI, LEDNEL A 5752 S RIDGEWOOD AVE SUITE B3 HARBOR OAKS FL 32!27  44 City FL 85 Zip Code  11. Pursuant to the provisions of Sactions 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, an animalize with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIONATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. NME  MASCI, ANDRES  13. TITLE  PT. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. NME  MASCI, ANDRES  13. STREET ADDRESS  13. STREET ADDRESS  13. TITLE  PT. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. NME  MASCI, ANDRES  13. TITLE  PT. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. NME  MASCI, ANDRES  13. MARTINES  13. MARTINES  13. MARTINES  13. MARTINES  14. STREET ADDRESS  158 CRAWFORD STREET  158 CRAWFORD ST		9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered Agent	
STORE SUITE BY HARBOR OAKS FL 32127  11. Pursuant to the provisions of Sections 607 0502 and 607.1508, Florida Statutes, the above he corporation's board of directors. I hereby accept the appealance office or registered agent, or both, in the State of Florida Statutes, the above he corporation's board of directors. I hereby accept the appealance office or registered agent, or both, in the State of Florida Statutes, the above he corporation's board of directors. I hereby accept the appealance of directors in the statement for the purpose of changing its registered agent, and familiar with, and accept the obligations of, Section 607 0503, Florida Statutes.  SIGNATURE  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  OFFICERS AND DIRECTORS IN 12  11 TITLE  PT. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12 NAME  MASCI, ANDRES  13 STREET ADDRESS  15 GRAWFORD STREET  15 STREET ADDRESS  15 GRAWFORD STREET  15 STREET ADDRESS  15 GRAWFORD STREET  15 STREET ADDRESS  15 CRAWFORD STREET  15 STREET ADDRESS  15 STRE				81	Name		
SIGNATURE  TILE  T	MAS		82	Street	Address (P.O. Box Number is Not Accentable)		
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12.	SIGNATURE		that it applies to a price black the state of the state o	ned Ager	It signature r	required when reinstating) DATE	
TITLE	40				- anginotoria i	,	
MASCI, ANDRES STREET ADDRESS STREET						X Change Addition	
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CTY-ST-ZP					<u>م</u> 7	MASCI, ANDRES	
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TITLE	STREET ADDRESS	158 CRAWFORD STREET	2.3	STREE	ADDRESS	5752 S. RIDGEWOOD AVE.	
TITLE	CITY-ST-ZIP	LEOMINSTER MA 01453	2.	4 CITY-S	IT-ZIP		
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	CITY-ST-7ID	1	6.4	CITY-S	T-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i); Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

TURE MALAMASCO SCTO

2/26/99 (904)322-4500 Deta Daytima Phone #